

**SELF-ADMINISTRATION
EPINEPHRINE AUTO INJECTOR (EAI)
AUTHORIZATION FORM**

Today's Date_____

Students Name

Birth Date

Address

City

Health Care Provider Authorization

The above named student is under my care. I feel it is medically appropriate for the student to self-administer Epinephrine Auto Injector (EAI) medication, when able and appropriate, and be in possession of EAI medication and supplies at all times.

Name of Medication_____

Dosage_____

Possible Side Effects_____

Signature of Health Care Provider_____

Date_____

Parent /Guardian Authorization

_____I authorize my child to carry and self-administer prescribed EAI medication and supplies as described above consistent with Utah Code Ann. § 26-41-104.

_____I do not authorize my child to carry and self-administer this medication. Please keep my child's medication with appropriate school personnel.

My child and I understand there are serious consequences, which may include suspension, for sharing any medications with others.

Parent/Guardian Signature_____Date_____